



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

September 28, 2005

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Playmakers, 640 W. Prospector requesting a class C liquor license.

This location currently has a class C liquor license but has been purchased.

Jamie Jakub, president has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jamie Jakub was born in Columbus, Nebraska. He attended Scotus Central Catholic High School graduating in 1991.

Mr. Jakub joined the United States Air force in 1992, and is currently an active member of the Nebraska Air National Guard.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Playmakers

☒ Manager ☒ Owner Other \_\_\_\_\_

Name: Jamie Jakub

US Citizen ? ☒ Yes No

Has applicant ever been cited for liquor law violations ? ☒ No Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license ? ☒ No Yes  
Explain \_\_\_\_\_

Is spouse qualified to hold a license ? Yes No ☒ N/A

How is applicant if not an owner to be paid ? Salary Hourly

How many hours will applicant be at the establishment ? 60+

Any other employment ? ☒ No Yes, explain \_\_\_\_\_

Any previous experience with a liquor license? Yes ☒ No

Any criminal convictions ? ☒ No Yes  
Comments \_\_\_\_\_

Is applicant a property owner in Lincoln ? Yes ☒ No

Is applicant involved in any civil litigation ? ☒ No Yes  
Comments \_\_\_\_\_

☒ Photo ☒ Records Check ☒ References

Comments \_\_\_\_\_

Interview Date 9/28/05

Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: PLAYMAKERS

Address : 640 W. Prospect Phone: 438-9300

Type of Investigation : Purchase Upgrade Expansion New  
Owner Manager Other: \_\_\_\_\_

Type of Business: BAR

Liquor Class A B C D I J K Catering Other: \_\_\_\_\_

Ownership: Corporation Partnership Individual

Amount Financed: none Source: -

Lease Agreement: 5yr 2500 mo.

Sales: %Food: 20 %Liquor: 80

Located: Commercial Industrial Residential

Traffic Flow: moderate Off Street Parking: Yes No

Ready for Operation: Yes No/ Est Date: \_\_\_\_\_

Food Service: Yes No Employees: F/T 3 P/T 10

Est Seating: 155 Est Daily Customers 120

Hours of Operation: 4pm-1am mon T-Fri 11-1 Sat 12-1

Any Additional Comments: S/4-1



**Dave Heineman**  
Governor

10-17-05  
**STATE OF NEBRASKA**

**NEBRASKA LIQUOR CONTROL COMMISSION**  
**Robert B. Rupe**

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

September 22, 2005

City Clerk of Lincoln  
City/County Building  
555 S 10 Street  
Lincoln, NE 68508

45-107010  
168

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

*Jackie B. Matulka*

NEBRASKA LIQUOR CONTROL COMMISSION  
Jackie B. Matulka  
Licensing Division

Enclosures

**Rhonda R. Flower**  
Commissioner

**Bob Logsdon**  
Chairman

**R.L. (Dick) Coyne**  
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

# RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

October 24, 2005 JBM

Date Mailed from Commission Office:

September 22, 2005

I, \_\_\_\_\_ Clerk of \_\_\_\_\_  
(City, Village or County)

Nebraska, hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 53, Sec. 134 (7) (reissue 1984) the recommendation of said city, village or county, as the case may be relative to the application for a license under the provisions of the Nebraska Liquor Control Act as applied for by:

**Playmakers, Inc DBA Playmakers**

**640 W Prospector Court, Suite 300, Lincoln, NE 68522 (Lancaster County)**

**New Application for Class C #70371**

**45 days = November 7, 2005**

1. Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one time not less than 7 nor more than 14 days before time of hearing.

**Check one:** Yes \_\_\_\_\_ No \_\_\_\_\_

The Statutes require that such hearing shall be held not more than 45 days after the date of receipt of this notice from the Commission.

2. Local hearing was held not more than 45 days after receipt of notice from the Nebraska Liquor Control Commission.

**Check one:** Yes \_\_\_\_\_ No \_\_\_\_\_

3. Date of hearing of Governing Body: \_\_\_\_\_

4. Type or write the Motion as voted upon by the Governing Body. If additional Motions are made by the Governing Body, then use an additional page and follow same format.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Motion was made by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

6. Roll Call Vote: \_\_\_\_\_

\_\_\_\_\_

7. **Check one:** The motion passed: \_\_\_\_\_ The motion failed \_\_\_\_\_

8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which the motion was made.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional page(s) if necessary)

**SIGN HERE** \_\_\_\_\_

Clerk's signature

**DATE** \_\_\_\_\_

During the period of thirty days from the date of receiving such application from the Commission, the local governing body of such city, village, or county may make and submit to the Commission recommendation relative to the granting or refusal to grant such license to grant such license to the applicant. See Chapter 53-131 (reissue 1984).

REV. 7/99 Form 35-4115

Local-jbm  
C#70371

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**LICENSE APPLICATION CHECKLIST**

Applicant Name

Playmaker Inc

Telephone #

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Trade Name

SAME

Previous Trade Name

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. Your operation depends on receiving a liquor license the Nebraska Liquor Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional local requirements must be met before submitting application to the state.

**REQUIRED ATTACHMENTS**

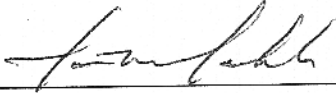
EACH ITEM MUST BE CHECKED OFF AND INCLUDED OR MARKED N/A FOR NOT APPLICABLE

- ☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$33.00 for each person. All areas must be completed on cards as per brochure.
- ☒ 2. Enclose registration and license fees for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- ☒ 3. Enclose the appropriate additional application forms; Individual License - Form 1; Partnership License - Form 2; Corporate LLC License - Form 3 and Manager application (with corporate application only). LLC application must include all members.
- ☒ 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- ☐ 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicant's name.
- ☐ 6. Enclose a copy of the temporary agency agreement, if applicable. Must be on Commission form only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- ☐ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.
- ☐ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- ☐ 9. For individual and partnership applications enclose proof of citizenship birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.

- ☐ 10. If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

Mail checklist, all applications and attachments to: Nebraska Liquor Control Commission, 301 Centennial Mall South,  
PO Box 95046, Lincoln NE 68509-5046

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.



Signature



# APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR  
CONTROL COMMISSION

OFFICE USE ONLY

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | Beer, On Sale Only                            | \$45.00 |
| <input type="checkbox"/>            | B | Beer, Off Sale Only                           | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/>            | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/>            | I | Beer, Wine & Distilled Spirits, On Sale Only  | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

### MISCELLANEOUS

- |                          |   |  | Bond                 |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub)   | \$295.00 1,000 min.  |
| <input type="checkbox"/> | O | Boat   | \$ 95.00 N/A         |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits<br>(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer   | \$295.00 5,000 min.  |
| <input type="checkbox"/> | X | Wholesale Liquor   | \$545.00 5,000 min.  |
| <input type="checkbox"/> | Y | Farm Winery  | \$295.00 5,000 min.  |

All Class C licenses expire October 31st

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

### TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Individual License, requires insert form 1                            |
| <input type="checkbox"/>            | Partnership License, requires insert form 2                           |
| <input checked="" type="checkbox"/> | Corporate License, requires insert form 3a and manager application 3b |

### NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: Mike Rieder Phone: 476-2413

Firm Name: \_\_\_\_\_

Firm address: 645 M St #200  
Lincoln Neb 68502



**PREMISE INFORMATION**

Trade Name (doing business as) PLAYMAKERS  
Street Address #1 640 W. PROSPECTOR #100  
Street Address #2 \_\_\_\_\_  
City LINCOLN County LANCASTER  
Zip Code 68522  
Telephone number at premise to be licensed 438 9300  
Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: SAME  
Street Address #1 \_\_\_\_\_  
Street Address #2 \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
Zip Code \_\_\_\_\_

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

SEE ATTACHED

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes    If yes, please explain below or attach a separate page.  
☒ No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes  
Current business name and license number \_\_\_\_\_  
☐ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes  
☐ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes  
☒ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☒  
☐

Yes  
No

Cory Schaefer 20%

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Tier 1 (JAMIE JAKUB/Cory Schaefer)

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

NONE

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

JAMIE JAKUB / 40 to 60 hrs

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

3 1/2 yrs

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.



Lease: expiration date \_\_\_\_\_



Deed



Purchase Agreement

15. When do you intend to open for business? OPEN NOW

16. What will be the main nature of business? What are the anticipated hours of operation?

RESTAURANT / SPORTS BAR

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
JAMIE JAKUB	95	98	Grand Forks ND
	99	01	Korea
	01	04	Columbus
	04	05	Lincoln

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 1% of the stock) and spouses. Full (birth) names only, no initials.

*X for fall*

(sign here)

(sign here)

**RECEIVED**

SEP 15 2005

(sign here)

(sign here)

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

(sign here)

(sign here)

(sign here)

(sign here)

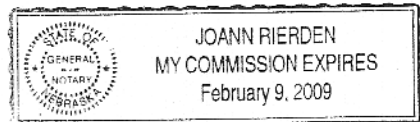
(sign here)

(sign here)

Subscribed in my presence and sworn to before me this

14th day of September, 2005

*Joann Rierden*  
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b  
\*MUST BE A NEBRASKA RESIDENT\*

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>

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NEBRASKA LIQUOR  
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Playmakers Inc

CLASS & LICENSE NUMBER C

TRADE NAME

STREET ADDRESS 640 W Prospector CITY Lincoln 68520  
#100

SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME JAMIE M JAKUB

ADDRESS 611 LAKE SIDE Dr #201

CITY Lincoln STATE NEB ZIP CODE 68528

HOME PHONE NUMBER 416 0036 BUSINESS PHONE NUMBER 438 9300

SEX ☒ MALE ☐ FEMALE SOCIAL SECURITY NUMBER

DATE OF BIRTH 1/1/80 PLACE OF BIRTH Columbus

DRIVERS LICENSE NUMBER & STATE NEB

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME N/A

SOCIAL SECURITY NUMBER DATE OF BIRTH

DRIVERS LICENSE NUMBER & STATE



**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date.

☐ YES ☒ NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

**RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Grand Forks ND	95	98			
KOREA	99	01			
Columbus	01	02			
Lincoln	04	05			

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

MONTH/YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
97	03	U.S. AIR FORCE		



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## PERSONAL OATH AND CONSENT OF INVESTIGATION MUST BE SIGNED BY APPLICANT & SPOUSE

## NEBRASKA LIQUOR CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

X [Signature]  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

Subscribed in my presence and sworn to before me this 14th  
day of September 2005.

Subscribed in my presence and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_

[Signature]  
Notary Signature & Seal

\_\_\_\_\_  
Notary Signature & Seal



APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

PLAYMAKERS INC

Corporate Street Address: 640 W. Prospector #100

City: Lincoln State: Neb Zip Code: 68522

Corporate Telephone Number 438 9300

Total number of shares issued (if corporation) 100

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #?

Name of Registered Agent JAMIE JAKUB

Name of Proposed Manager JAMIE JAKUB

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: JAKUB First Name: JAMIE MI M

Address Street 611 Lakeshore Dr #201 City Lincoln

State Neb Zip Code 68528 Home Phone number 416 0036

Social Security Number Date of Birth 1/1

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Jakub First Name Jarvis  
Social Security Number \_\_\_\_\_ Date of Birth 1/1  
Title President Number of Shares 80  
Spouse Name (indicate N/A if single) NA  
Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Last Name Cory Schaefer First Name Cory  
Social Security Number \_\_\_\_\_ Date of Birth 1/1  
Title \_\_\_\_\_ Number of Shares 20  
Spouse Name (indicate N/A if single) NA  
Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Title \_\_\_\_\_ Number of Shares \_\_\_\_\_  
Spouse Name (indicate N/A if single) \_\_\_\_\_  
Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Is this Corporation or Limited Liability Company controlled by another Corporation? **RECEIVED**

☐ Yes ☒ No

If yes, give name of corporation and supply organizational chart

SEP 15 2005

Indicate tax year with the IRS

Starting Date

1/1

Ending Date

12/31

NEBRASKA LIQUOR  
CONTROL COMMISSION

*[Signature]*

Signature of President/Managing Member

Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

14<sup>th</sup> day of September, 2005

*[Signature]*

Notary Public Signature & Seal



JOANN RIERDEN  
MY COMMISSION EXPIRES  
February 9, 2009

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.